

## PART B - FEE(S) TRANSMITTAL

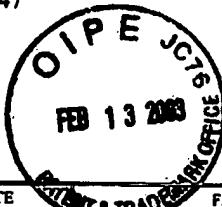
Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE  
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229 7590 11/13/2002

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/696,169	10/26/2000	Rudolf Valenta	1614-244P	4340

TITLE OF INVENTION: NON-ANAPHYLACTIC FORMS OF GRASS POLLEN PHL P 6 ALLERGEN AND THEIR USE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1200 1500	\$0	\$1200 1300	02/13/2003
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HUYNH, PHUONG N	1644	424-185100			

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Birch, Stewart,

Kolasch & Birch, LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

PHARMACIA DIAGNOSTICS AB,  
VALENTA, Rudolf

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Uppsala, Sweden  
Theresienfeld, Austria

Please check the appropriate assignee category or categories (will not be printed on the patent)

individual  corporation or other private group entity  government

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Issue Fee  
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(Authorized Signature)  
Debra L. McNamee #28,977 (Date)

02-13-2003

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